

CITY OF TEMPE RECREATION SERVICES Activity Withdrawal Request Form

3500 South Rural Road, 2nd Floor, Tempe, AZ 85282 (480) 350-5200 fax (480) 350-5058

The use of this form assumes that all information in our system is current. If an address or phone number change is required, please submit an **Address Change Form** to update this information.

Please withdraw the following participant(s) from the classes noted: Course Code: Participant Name: Participant Name: Course Code: Participant Name: Course Code: Course Code: Participant Name: Course Code: Participant Name: Reason for Withdrawal: Please select type of reimbursement: CREDIT held in participant's account (If not used within 60 days, a refund will be issued) REFUND applied to Credit/Debit card used in original transaction (Refunds will take between 7-10 business days to process) REFUND by Check. Make Payable to: (Check refunds will take approximately 3 weeks to process) Mailing Address: Name: Address: Apt., Suite, or Lot # City: State: Zip Code: Phone Number: